

Chagrin Falls Exempted Village Schools

Referral for Consideration of Accelerative Options

I would like to refer _____, an identified gifted student,
(student first and last name) for consideration for accelerative options. I realize that a wide variety of accelerative options exist for identified gifted students, including, but not limited to, subject acceleration and grade-skipping.

This referral does not automatically mean that an acceleration will occur, but rather that the data collection process will begin.

Please complete the following:

Student's current grade level: _____

Student's current school: _____

Student's current classroom teacher: _____

As the person completing this form, I am:

(check one)

- the student's parent/guardian
- the student's classroom teacher
- the student's Gifted Specialist
- the student's administrator
- a guidance counselor
- a CFEVSD administrator
- the student named above

My signature below formally indicates that I am referring the student named for consideration for accelerative options.

(signature of person making referral)

(date signed)

Please return completed form to the Guidance Counselor or Principal within the student's school or Becky Quinn, Director of Curriculum, at the Chagrin Falls EVSD Board of Education (400 East Washington Ave. Chagrin Falls, OH 44022).